WASTE TIRE FACILITY EMERGENCY RESPONSE PLAN

I. GENERAL INFORMATION (please print or type)				SWIS #:		
Facility Name:						
Facility Mailing Address:						
City:	County:	State:	Zip:	Ph	one:	
Facility Operator's Name:						
Mailing Address:						
City:	County:	State:	Zip:	Ph	one:	
Property Owner's Name (i	f different from operator):					
Mailing Address:						
City:	County:	State:	Zip:	Ph	one:	
II. EMERGENCY CONTACT LIST						
List the names and telephone numbers of the persons and appropriate agencies to be contacted in case of emergency:						
		Name			Phone	
Facility Owner:						
Facility Operator:						
Local Fire Authority:						
Local Environmental Heal	th Dept:					
Regional Water Quality C	ontrol Board:					
Any additional numbers th	nat may be needed:					
III. EQUIPMENT						
Emergency Response Equipment Available:						
1. Minimum equipi	•					
One, dry chemical fire extinguisher		Weight:				
One, 2½ gallon water extinguisher						
One, pike pole at least 10 feet in length						
One round point and one square point shovel						
OR						
2. Equipment in lieu of the list above (attach fire authority approved requirements):						

III. EQUIPMENT CON'T
Additional emergency response equipment present at the facility or available for use by the facility and how it is intended for use in case of emergency (attach local fire authority requirements, if any):
Attach a map showing the location of fire lanes, tire pile configurations, fire hydrants, power supply, and emergency response equipment (may include same map as required on Page 5 of the Operation Plan).
IV. EMERGENCY RESPONSE PROCEDURES
Describe the procedures that should be followed in the event of a fire, including procedures to contain and dispose of any pyrolytic oil generated by the combustion of tires and any water used to fight the fire: